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FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK, R.N.

THE FORTUNES OF REGISTRATION IN ENGLAND

Many ups and downs have we had to report on the arduous thirty years' war of organized British nurses with British hospital directors, misguided publicists, timorous women, and purposeful exploiters on the legal right of nurses to Parliamentary recognition and protection. More downs than ups there seem to have been, and yet with that extraordinary tenacity and pluck deep in the British character, so fully revealed in the late war, the band of leaders, headed by Mrs. Fenwick, Miss Breay and the indomitable *British Journal of Nursing*, and generalled by the officers of the different societies of nurses, seem now to be reaching the top. We remember that long before the war, a Central Committee was formed to which the Royal British Nurses' Association,—oldest of British nursing groups, added its great strength, thus bringing all organized nurses into one army with the British Medical Association;—that in 1905 a special committee of the House of Commons had recommended state registration;—that in 1908 a Directory Bill of the enemy was defeated and the Nurses' Bill passed by the House of Lords;—that in 1914 prospects seemed bright when the war broke out;—that the nurses suspended their efforts to turn to patriotic service;—that during the war the College of Nursing made Registration a part of its curriculum, so to speak, and brought out a rival bill, in which experienced parliamentarians detected various possible "jokers."

Now, the war ended, these two bills, our old friend and its rival, came before the House of Commons. The way bills get their order of precedence in Parliament, if not government bills, is by members balloting for place on the calendar. Lo and behold! the champion of the nurses' bill, Major R. W. Barnett, M.P., won *first place*, and our bill automatically went in while the rival went out.

After the first reading a most encouraging second reading took place. The bill was passed without opposition, and went to a standing committee. As we write these lines, the final steps are still to be taken, and if an expected cable comes in time, the latest word shall be put into an empty, waiting line at the foot of this page.

CITIZEN NURSES

"The newly enfranchised Citizen Nurse," says the *British Journal of Nursing*, invaded the lobby of the House of Commons, under

the wing of the Matrons of the Old Guard—the “old contemptibles,” as they have been so amiably called by the hostile press in times past. Well, so did the Kaiser call the British Army a contemptible little army—at first. He doesn’t now.

SUPPLEMENTARY REGISTERS

It is important to see how various problems of classification are met under this bill, if it becomes law. There are to be supplementary registers of male nurses, and of nurses for mental cases, perhaps, also, for nurses from children’s hospitals, though reciprocal training on the lines of our “affiliated” training is more likely to be worked out for these women. Splendid speeches were made in support of the bill. We earnestly hope that the final victory is near.

TOO LATE FOR CLASSIFICATION

NURSING FOR PEOPLE OF MODERATE MEANS

Dear Editor: The April JOURNAL which has just come to me contains the letter from F. O. B. of Iowa in which I am quoted from the *Chicago Tribune* in saying that less than six per cent of the people of Chicago paid income taxes. Newspaper reporting is at best precarious work. I should have been quoted as saying that before the war, less than six per cent of the people of Cook County paid an income tax. Federal figures are not published as promptly as we should like to use them, consequently, I had to go back to the first income tax to get anything. Naturally, now, with the increase in wages and the later income tax which covers so many more people, the percentage is much larger.

Moderate priced nursing for the great middle class is an economic question which eventually the state will have to settle. I remember hearing it very warmly discussed in Detroit, in 1906, at the annual meeting of the American Nurses Association, and was very much impressed when I was told that the subject had been under the consideration of nurses for several years. It is much too big a question for any one group of citizens, men or women to solve. The shorter courses for the training of nurse attendants which some of us are advocating will, in our opinion, do more to standardize the quality of nursing than our present system of insisting upon the three years’ training for every woman, no matter how poor her training school is, nor how ill equipped she is to get the most out of some of the work given in the average school. By standardizing, first our hospitals, then our training schools, and last, but by no means least, the women who will enter those training schools as students, we are much more likely to get at a practical solution of this question.

Nevertheless, we cannot possibly hope to solve it by ourselves. The question is not one of the best nursing for those able to pay. We all want to see the best nursing given the very sick, and we do not want to see this done at the expense of the nurse. It should be done at the expense of the state, if the patient requiring the service is unable to pay for it. This also is too big a problem for the nurses to solve by themselves, but we will help in its solution if we admit that this, after all, is the thing that most of us desire.

Italy

EDNA L. FOLEY (Chicago).